

Newfound Care Ltd

Barton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Barton House is a residential care home providing personal care to up to 8 people. The service provides support to people who have a learning disability and/or autistic spectrum disorder, people who have sensory impairment and younger adults. At the time of our inspection there were 2 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to personalise their bedrooms, and were given care and support in a safe, clean, well-furnished and well-maintained environment. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. Staff enabled people to access specialist health and social care support in the community, and people understood the information given to them because staff supported them consistently and understood their individual communication needs.

Right Care:

People received kind and compassionate care. Relatives told us staff are caring and kind. Staff protected and respected people's privacy and dignity and understood and responded to people's individual needs. There was enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. People received care that supported their needs and aspirations, and was focused on their quality of life and followed best practice.

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency and respect.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Barton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience who also spoke to relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Barton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Barton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who use the service and 2 relatives to ask about their experience of care provided. We also spoke with the registered manager, the nominated individual, 5 staff and 2 professionals. We looked at 2 care files along with their medication administration records (MAR). We looked at the records relating to the management of the service including recruitment, staff training, supervision and systems for monitoring quality. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Relatives and professionals told us people were safe in the home and well cared for. One relative said, "I feel [Persons name] is completely safe."
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.
- The service managed incidents affecting people's safety well. Staff recognised incidents, reported them appropriately and managers investigated incidents and shared lessons learned.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. We observed people were happy and relatives told us they were happy about the care people received.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- Personal emergency evacuation plans were in place, they were informative and gave staff guidance on evacuating people from the service safely.

Using medicines safely

- Medicines were managed safely. Staff followed effective processes to assess and provide the support people needed to take their medicines. This included where there were difficulties in communicating and when medicines were given covertly.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing. The registered manager told us one person now had regular timely reviews rather than irregular reviews when they were first admitted.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Staffing and recruitment

- The service had enough staff, including for one to one support. One relative said, "Staff are with [Persons name] throughout the day and regularly check on them at night."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- People's records contained a 'What to do if' plan with essential information to ensure that new or

temporary staff could see quickly how best to support them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider had a system in place to support people to receive regular visits from family and friends, this included providing PPE if necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed. People's care and support plans were personalised, holistic, and reflected their needs and aspirations, including physical and mental health needs.
- People, relatives and staff regularly reviewed plans together. One relative said, "I am involved in discussions about [Persons name] care and staff always communicate well with me."
- Care plans and risk assessments were regularly reviewed to ensure people were receiving care that met their needs. Staff told us they were regularly updated about people's changing needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. For example, mental health needs, communication tools, positive behaviour support, behaviours that challenge and reducing restrictive interventions.
- Staff received an induction and opportunities to shadow other staff in the service. Staff told us the induction was good and they felt supported to work in their role. One relative said, "I am aware staff training takes place and staff are great working with [Persons name], no restraint is ever used."
- Staff received support in the form of continual supervision, appraisals and de-briefs after incidents. One staff member said, "I am getting the right support and supervision and always get de-briefs after an incident."

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People received support to eat and drink enough to maintain a balanced diet. One relative told us, "[Persons name] likes a takeaway but staff are encouraging them to add salad and vegetables to their food."
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- The environment was homely and stimulating, the layout and furnishings supported people's individual needs.
- People's care and support was provided in a safe, clean, well-furnished and maintained environment which met people's sensory needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were referred to health care professionals to support their wellbeing and help them to live healthy

lives.

- People had health action plans which were used by health and social care professionals to support them in the way they needed.
- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff acted within the legal framework of the MCA. Staff had completed training in MCA and DoLS and understood the principles of the Act.
- Staff ensured that an Independent Mental Capacity Advocate (IMCA) was available to help people if they lacked capacity and they had nobody else to represent their interests.
- For people lacking capacity to make decisions about their medicines, best practice was followed and there were safe processes around medicines being administered covertly.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people. We observed staff interacting with people in a positive, kind manner.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff took time to understand people's individual communication styles and develop a rapport with them.
- People were supported to access independent, good quality advocacy services.
- People and those important to them, took part in making decisions, planning of their care and risk assessments. One relative said, "I have seen the care plan for [Persons name] and I am involved in meetings with the service regarding the care plan."
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- Support focused on people's quality of life outcomes and these were regularly monitored and adapted as a person went through their life.
- Staff provided people with personalised, proactive and co-ordinated support in the line with their communication plans, sensory assessment and support plans.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to reach their goals and aspirations. One professional said, "[Persons name] is involved in their care but they need lots of support."
- Staff provided person-centred support with self-care and everyday living skills to people.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. One staff member told us, "[Persons name] likes nursery rhymes so we sing to them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

End of life care and support

- The service had an end of life policy, however was not supporting anyone with end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and oversight of the service they managed. One relative said, "I know who the manager is and they are very supportive, I feel involved in the running of the home."
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- The registered manager was involved in forums that gave them the opportunity to network, share ideas and hear from speakers to improve their knowledge and skills.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers were visible in the service, approachable and took a genuine interest in what people, staff, family and advocates had to say.
- Managers worked directly with people and led by example. One staff member said, "They [Managers] are very supportive and go above and beyond for the residents to meet their needs."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us morale was very good and it was a challenging but very rewarding job.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned and these were used to improve the service.
- Staff were aware of the providers whistle blowing policy and knew how they could use this to raise concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to develop the service.

- Staff had regular team meetings and felt supported and listened to. They told us it was a great place to work and felt valued as team members.
- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs. One professional said, "The staff are knowledgeable and recommendations I made were followed up by the home."